

# Evaluation Timeline Waiver

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), \_\_\_\_\_ (child) was referred for a comprehensive evaluation for determination of eligibility and need of special education services. The *Informed Consent for Evaluation* was received on \_\_\_\_\_ (date). An initial evaluation was proposed for completion by \_\_\_\_\_ (date). Extensive evaluation procedures are required for the completion of your child's evaluation that include the following:

EVALUATION PROCEDURE	REASON FOR EXTENDED TIME	ADDITIONAL TIME NEEDED

Due to the extensive procedures involved in your child's evaluation, we are requesting permission to waive the 40 school day evaluation time frame permitted in Section 0520-1-9-.05 of Tennessee's *Rules, Regulations, and Minimum Standards*. We are requesting this extension for evaluation of your child in order to provide additional information to help us plan a more effective educational program. Your child's evaluation will be complete no later than \_\_\_\_\_ (date).

As the parent of a child who may be eligible for special education, the *Rights of Children with Disabilities and Parent Responsibility* brochure is being provided for your information. Please sign this form and return it to the school. Your signature shall not be construed as consent for placement in any special education program. When the evaluation has been completed, you will be invited to an IEP team meeting in order to discuss the findings, determine your child's eligibility for special education services, and if needed, plan an appropriate educational program for your child. If you have any information you would like to share pertaining to your child's evaluation, please forward it to the special education department or bring it to the meeting.

*I have been informed of the school system's request for an extension to the 40 school day timeline for completion of an initial evaluation to determine special education eligibility. I have reviewed the enclosed brochure concerning the rights of children with disabilities and parent responsibilities.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note To School System: Fax this form to the State Department of Education for review upon informing the parent(s) of this request: Fax Number -- (615) 532-9412**

<b>FOR SCHOOL SYSTEM COMPLETION</b>		
School _____	School System _____	Request made by _____
		Position _____
Date Received from Parent _____	Date Faxed to State Department _____	
<b>FOR SDE USE ONLY</b>		
DATE RECEIVED _____		DATE RETURNED _____
		DATE OF REVIEW _____
STATUS: _____	APPROVED FOR ( ) ADDITIONAL SCHOOL DAYS	NEW DUE DATE _____
_____	NOT APPROVED	
Signature--Division of Special Education _____		